



# **Challenge TB - Ethiopia**

Year 1
Monitoring Report
October 2014 - March 2015

Submission date: April 30, 2015

## **Challenge TB Year 1 Quarterly Report**

Country: Ethiopia Reporting period: October 2014 - March 2015

Lead partner: KNCV Other partners: MSH WHO

### Most Significant Achievements:

#### **Challenge TB:**

Support was provided to the successfull organization of the 10th annual national TB research conference (TRAC) from March 21 - 23, 2015 at Adama tow (Ormiya region). More than 60 abstracts were presented and discussed including oral and poster presentations by some of the OR teams supported unde CARE I in the Ethiopian OR capacity-building initiative.

Challenge TB, in collaboration with NTP, sponsored and organized a satellite symposium on March 21, 2015 to finalize the national childhood TB roadmap participation of all program staff and regional bureau heads, representing the Ethiopian pediatric society, key partners and university staff. In addition, a April 6, 2015 the national TWG of IMNCI / MoH started revising the national IMNCI document and invited the task force on childhood TB (of which the Challenge TB focal person is the secretary) to advise on issues related to childhood TB. A final revised IMNCI is expected in May 2015 that addresses child care in the management algorithm of pneumonia and malnutrition in children at the clinical level.

During TRAC a second side meeting was supported by Challenge TB on "Priorities in Operational Research to Improve Tuberculosis Care and Control in Ethiopia". During this meeting, the existing list of OR priorities as outlined in the TB roadmap was discussed and additional topics identified. In addition t these, during the TRAC meeting additional priority OR topics were indentified. Using the identified additional priorities aTRAC subteam wil revise the pri list which will then subsequently be endorsed by the Federal Ministry of Health.

TB CARE I round up activities: On February 18, 2015, a half-day event was successfully organized to commemorate the closure of TB CARE I, the launchin Challenge TB and have at the same time an inauguration ceremony of the renovated TB culture lab and out-patient department for MDR-TB services at A and St Peter hospitals. Higher officials from the Ministry of Health, USAID Mission Director, CEO of ALERT and St Peter hospitals and invited guests attend whereby the facilities where formally handed over to the FMOH. Press coverage of this event was shared widely by KNCV, USAID and other channels. (pł in photo album).

#### **Technical and administrative challenges:**

**Administrative challenges:** Approval for the APA1 workplan was received on February 27th meanning there was only 1 month left in Q1. The upcoming national election could be a potential treat for delay in the implementation of activities.

**Technical chalenges:** No challenges at the moment as we are in the start-up phase and key activities are recruitment of new staff and setting up of subnational (regional) offices.

## **Challenge TB Quarterly Report - Success Story**

Country: Ethiopia Reporting period: October 2014 - March 2015

Lead partner: KNCV Other partners: MSH WHO

## Planned Success Story Idea for Year 1

The finalization of a childhood TB roadmap and the inclusion of childhood TB in the national IMNCI document and the planned pilot for implementation c integrated childhood TB management could be a good candidate.

## The success story falls under which sub-objective?

4. Targeted screening for active TB

The success story falls under which intervention area?

4.2. TB social determinants identified, appropriate interventions designed, implemented and monitored

Status update of the success story

# Challenge TB Quarterly Report - Status of activities

Country: Ethiopia Reporting period: October 2014 - March 2015

Lead partner: KNCV Other partners: MSH WHO

Sub-objective:	1. Enabling environment								
					Milestones		Milestone status	met?	Remarks (reason for not
		Activity	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	0 1 2014 M 2015	(Met,	meeting milestone or other
Intervention areas	Planned Key Activities for the Current \	number	2014	2015	2015	2015	Oct 2014 - Mar 2015	partially,	key information)
1.1. Provision of services according to national guidelines for all care providers and risk groups	Engage prison administration in TB control (PEPFAR)	1.1.1		Assessment tools developed and first prisons assessed	Assessment report written and Orientation workshop held	Follow-up meetings organized	First draft assessement tool was developed. Following discussion with NTP, it was found that FMOH has conducted rapid assessment in 2012 by the national TB program in three federal, two zonal and two woreda prisons followed by consultative workshop. Additionally GLRA in collaboration with FMOH conducted an intervention in 10 prison in Ethiopia and held a dissemination workshop in September 2014 and came up with short term and long term plan. Considering all this, the Challenge TB team felt that conducting a national assessment will not add new insight at this point and after discussion with the NTP it was proposed to go ahead with the development of the national implementation guideline. The baseline assessement and implementation of the strategy will be supported at regional level with the activity budget.	Partially	The project workplan was approved only on 27 Feb 2015. Also the new insights in what was already done in this area required us to adapthe milestones, with new milestones proposed: AprilJune: Orientation workshop held and outline/first draft national implemenation guideline developed; JulSept: Implementation guideline finalized and regional baseline assessment performed.
1.4. Provider side: Patient centered approach integrated into routine TB services for all care providers for a supportive environment	Review & enhance referral/linkage network in the two regions, focussing on all key referral linkages: Community to HC; Hospital to HC; TB to ART; patient samples; presumptive MDR cases etc. (PEPFAR)	1.4.1		Assessment tools developed	Situation assessment report written & stakeholder meetings held	Best practices defined	Draft assessment tool prepared for baseline assessment, tool not fully finalized.	Partially	Workplan was only approved on 27 Feb, first priority was recruitment of new staff, this took most time in March, draft tool was developed but could not be finalized by end March
environment									
			I						

Sub-objective:	2. Comprehensive, high quality	diagnos diagnos	tics		Sub-objective: 2. Comprehensive, high quality diagnostics								
Intervention areas	Planned Key Activities for the Current Year	Activity number	Oct-Dec 2014	Planned   Jan-Mar 2015	Milestones Apr-Jun 2015	Jul-Sep 2015	Milestone status Oct 2014 - Mar 2015	met? (Met, partially,	Remarks (reason for not meeting milestone or other key information)				
2.1. Access to quality TB diagnosis ensured	Enhance LED microscopy utilization in high volume health facilities in the two regions (PEPFAR)	2.1.1		Order for microscopes placed; integrated assessment tool developed	Situation assessment/ improvemen t plan written and approved by RHB	s installed and on site training conducted	PR for the procurement of LED FM made, order placed     Draft assessment tool developed	Partially	The lab advisor for SNNPR was hired on March 16, 2015 upon securing approval of workplan. This delayed start of activities.				

2.2. EQA network for lab diagnostics & services functioning	Decentralize EQA in the two regions	2.2.1	Integrated lab assessment tool developed	Situation assessment report written and Stakeholder meetings held	Decentraliz ation plan developed	Draft assessment tool developed	Partially	Same as above
and utilization of rapid	Improve utilization of Xpert technology in the two regions (PEPFAR)	2.4.1	Integrated lab assessment tool developed	Situation assessment/ of Xpert utilization and C/dst capacity and Improvemen t plan written	Workshop held	Draft assessment tool developed	Partially	Same as above
laboratory specimen	Enhance coverage of specimen transport system to underserved clinics in the two regions	2.6.1	Integrated lab assessment tool developed	Situation assessment/ improvemen t plan written and Improvemen t plan implemented	nt plan evaluated	Draft assessment tool developed	Partially	Same as above
Sub objective:	2. Patient contored care and tr		I	1				1

Sub-objective:	3. Patient-centered care and tr	eatment							
				Planned I	Milestones		Milestone status	met?	Remarks (reason for not
Intervention areas	Planned Key Activities for the Current Year	Activity number	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015	(Met, partially,	meeting milestone or other key information)
3.1. Ensured intensified case finding for all risk groups by all care providers	Finalize childhood TB roadmap	3.1.1		Draft roadmap completed and Consultative meeting held	Roadmap and updated SOPs endorsed by TWG	updated	finalization collected. Follow up	Met	The TRAC meeting end March was used as opportunity to organize the consultative meeting.
	Adapt the existing CTBC strategy for the specific context (Agrarian, Urban, pastoralist) and address the implementation gaps	3.1.2		Desk review completed	Best practices assessed, stakeholders meeting held		Discusion between Challenge TB local team and Dr. Netty Kamp started to define the ToR for desk review. The national CTBC strategic document which is in the local language was translated into English to facilitate the desk review process.	Partially	Late approval, and also the urban coordinator who is lead in this activity was engaged with recruitment of new staff which was prioritized.

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3.2. Access to quality		224		C.1 1.	Б.			
	Enhance linkage between TIC & TFC &	3.2.1		Situation	Best	no milestone defined for quarter		
treatment and care	community care in the two regions			assesment	practices	Jan-Mar		
ensured for TB, DR TB	and with ALERT and ST Peter's as			report	identified			
and TB/HIV for all risk	National MDR-XDR-TB CoE (PEPFAR)			written;	and			
groups from all care				Needs &	aligned;			
providers				feasibiity				
				assessment				
				for CoE				
				conducted				
	Ensure adequate patient support	3.2.2		Focus Group	Data	no milestone defined for quarter		
	package in the two regions and at			Discussions	review	Jan-Mar		
	CoE (PEPFAR)			held	conducted	34.1.1.4.		
	002 (12117111)				conducted			
	Establish and strengthen regional TB	3.2.3	Positions	Assessments	Supportive	All technical positions were	Met	
	technical support teams including	3.2.3	described		supervision	-	1100	
	PMDT clinical teams in the two		and	Supportive	super vision	rounds of interviews held in		
	regions (PEPFAR)		announced,	supervision,	, montorchin			
	regions (PEPPAR)		WHO	mentorship	and	were re-advertised as no good		
						candidates were identified in the		
			regional staff	and capacity		first round. The four WHO staff, 2		
				building	building	,		
			assigned.	agreed and	started.	at central level and 2 in the		
				full staff	Priority	regions, were already in place		
				complement		and have been added to the		
				contracted.	n started.	Challenge TB team and have		
				Implementat		been orientated on the Challenge		
				ion strategy		TB workplan and what is		
				developed		expected from WHO		
				and key				
				priority				
				intervention				
				s defined				

Improve quality (PEPFAR)	of TB services 3.2	2.4	routine	printed tool during joint supportive supervision	obtained for review as a first step.	Not Met	A start was made but after internal consultation, it was decided to postpone development of the QUAL tool till after the regional baseline assessments.

Sub-objective:	4. Targeted screening for activ	е ТВ							
		Ambirita	Oct-Dec	Planned I Jan-Mar	Milestones Apr-Jun	Jul Con	Milestone status	met?	Remarks (reason for not
Intervention areas	Planned Key Activities for the Current Year	Activity number	2014	2015	2015	Jul-Sep 2015	Oct 2014 - Mar 2015	(Met, partially,	meeting milestone or other key information)
4.1. Contact investigation implemented and monitored	Improve Contact Investigations (CI) according to 2011 national guidelines in the two regions and urban settings (PLHIV/children) (PEPFAR)	4.1.1		SOPs and tools adapted and aligned	printed and distributed	Yield of CI monitored and evaluated	reveiwed existing tools	Partially	The baseline assessment is expected to gain more insight to finalize the tool. We plan to pilot the updated tools in a selected sites in the regions.
	Provide IPT for <5 household contacts of bacteriologically confirmed index patients in the two regions (PEPFAR)	4.1.2			IPT provided to eligible children	IPT provided to eligible children	no milestone set for Jan-Mar		
4.2. TB social determinants identified, appropriate interventions designed, implemented and monitored	Develop ACF strategy and guide (PEPFAR)	4.2.1		Risk group tool exercise completed			Draft tool available, discussions were held with NTP and they are very willing to work on this together.	Partially	Completion of risk tool needs to be done together with NTP and partners. Based on this risk groups can be prioritized and agreed upon in a stakeholders meeting. NTP indicated to call partners very soon for the development of the guiding document . Due to competing priorities this has not yet happened. Challenge TB team will folllow up.
	Start implementation of integrated childhood TB management (PEPFAR)	4.2.2		10 sites selected	Refresher training and implementat ion and follow up supportive supervision of relevant clinic staff	Lessons learned; TB services integrated in MCH/child health clinics	subselection of 10 sites out of 20 earlier selected sites could not be completed.	Not Met	Waiting for the national IMNCI TWG to finalize the national IMNCI manual where childhood TB is integrated now. The childhood TB task force provided input for this and the final manual needs to be endorsed. This will be the right momentum to launch the pilot; also the urban TB advisor a pediatrician who will be leading this project started only on 15 April.

Sub-objective:	5. Infection control								
				Planned	Milestones		Milestone status	met?	Remarks (reason for not
Intervention areas	Planned Key Activities for the Current Year	Activity number	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015	(Met, partially,	meeting milestone or other key information)
i.1. Compliance with juality TB-IC neasures in health are, community and ongregate settings insured	Provide comprehensive TB-IC package support and ensure best practices and support the use of UVGI in TICs of the two regions as well as ALERT and St Peter's hospitals as MDR/XDR-TB Centers of Excellence	5.1.2			external TA visit conducted, UVGI installed at ALERT and St Peter's Hospital	Local TA for maintenanc e contracted	no milestone set for Jan-Mar		TA visit is rescheduled for September not next quarte (Q2)
5.2. TB surveillance among HCW ensured	Sensitize the two regions to monitor and accurately report on TB disease among HCW	5.2.1			Data on TB among HCW reviewed and where needed sensitization meetings conducted	HCW with TB (all forms) reported	no milestone set for Jan-Mar		

				Planned	Milestones		Milestone status	met?	Remarks (reason for not
Intervention areas	Planned Key Activities for the Current Year	Activity number	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015	(Met, partially,	meeting milestone or other key information)
6.1. LTBI diagnosis and treatment among high risk groups ensured	Accelerated IPT implementation for PLHIV (PEPFAR)	6.1.1			Accelerated plan endorsed by region	Monitoring in place	no milestone set for Jan-Mar		TA visit is rescheduled for September not next quarte (Q2)

Sub-objective:	7. Political commitment and lea	adership							
		A ativity	Oct-Dec		Milestones	Tul Com	Milestone status	met?	Remarks (reason for not
Intervention areas	Planned Key Activities for the Current Year	Activity number	2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015	(Met, partially,	meeting milestone or other key information)
7.3. Leadership and management competencies and capacities of NTPs ensured	Ongoing programmatic support by WHO to the NTP to implement their NSP (PEPFAR)	7.3.1		Revised ToR TWG national level developed; situations TWG in regions assessed	Revised ToR TWG regional level developed; supportive supervison condcuted with developed tool; TWG conducted	TA plan developed and annual program review planned; TWG conducted	Discussion held with the TB Program Coordinators at regional level and with the NTP manager at national level to know the gaps in conducting regular TWG meetings. TOR under revision to strengthen the TWGs at regional level.	Partially	Situations of TWG in regions assessed but ToR national level not (yet) revised
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Sub-objective:	8. Comprehensive partnerships	and info	rmed cor	nmunity inv	olvement				
			0.1.5		Milestones	1.16	Milestone status	met?	Remarks (reason for not
Intervention areas	Planned Key Activities for the Current Year	Activity number	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015	(Met, partially,	meeting milestone or other key information)
3	Engage in coordination to support GF grant implementation (PEPFAR)	8.2.1		Opportunitie s and benefits assessed for role of Challenge TB in CCM	meeting held	are involved in GF grant	Discussion is ongoing with the Ministry for the potential involvement of Challenge TB in		Discussion has not been concluded but benefits and needs assessed hence milestone is met.

Sub-objective:	9. Drug and commodity manag	ement sy	ystems						
				Planned N	Milestones		Milestone status	met?	Remarks (reason for not
Intervention areas	Planned Key Activities for the Current Year	Activity number	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015	(Met, partially,	meeting milestone or othe key information)
9.1. Well functioning procurement and supply chain management system n place	Establish TB supplies tracking system at National, regional & district level using QuanTB tool.	9.1.2			orientation done of RHB and PFSA on QuanTB tool	anti-TB drugs tracking system introduced in the two regions	no milestone set for Jan-Mar		
	Strengthen IPLS implementation	9.1.4			IPLS in place in 300 HFs; updated LMIS tool availed	2 joint supervision s conducted in the 2 regions	Draft assessment tool developed.	Partially	DSM staff was only hired on March 16, 2015 folllowing approval of the workplan.
	Support NTP in Forecasting & Quantification of anti-TB drugs & lab commodities	9.1.1			Workshop conducted with participants from national level and the two regions	Forecasted & quantified list of anti-TB pharmaceu ticals ready for procureme nt	no milestone set for Jan-Mar		Activity is to be done (July- Sep, 2015) because that is the time the activity has to be conducted according to the FMoH Plan .
	TB Patient Kit implementation	9.1.3		TB PKs implementat ion status assessed	TB PKs implemented at 300 HFs and Job aid availed	2 joint supervision s conducted in the 2 regions	Draft assessment tool developed	Partially	DSM staff was only hired on March 16, 2015 following approval of the workplan.

Sub-objective:	10. Quality data, surveillance a	nd M&E								
			Planned Milestones				Milestone status	met?	Remarks (reason for not	
Intervention areas	Planned Key Activities for the Current Year	Activity number	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015	(Met, partially,	meeting milestone or other key information)	
10.1. Well functioning case or patient-based electronic recording and reporting system is in place	Improve data quality	10.1.1			eRR approach and costed implementat ion plan developed	tion plan endorsed				
	Support data quality assessments in the two regions	10.1.2			Mentoring approach for zones developed	Pilot rapid DQA tool as part of routine supportive supervision	no milestone set for Jan-Mar			
10.2. Epidemiologic assessments conducted and results incorporated into	Support TB OR grant scheme	10.2.2		OR grant scheme call launched	OR grant scheme grantees selected	Report of OR team evaluation available	Draft call and launching documemt developed	Partially	Planned for next quarter, due to competing priority (Organizing TRAC conference)	

	Support TRAC and promote conduct of	10.2.1	Annual	quarterly	Updated	The 10th annual TRAC conference	Met	
0	OR and usage of results under TRAC		TRAC	TRAC	OR	held from 20-24 March was		
				meeting held		technically and financially		
			supported,	and GIS	including	supported. A side meeting was		
			discussions	course	researcch	held during the TRAC conference		
			on long-	attended	priorities	to start discussions on long term		
			term OR		with long	OR strategy		
			strategy		term OR			
			started		strategy			
					developed			
					to be			
					endorsed in			
					stakeholder			
					meeting			
					combined			
					with			
					scientific			
					day, GIS			
					course to			
					share			
					knowledge			
					organized			
					locally			
							<u> </u>	
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Sub-objective: 1	11. Human resource developme							

, in the second second			Planned Milestones				Milestone status	met?	Remarks (reason for not
Intervention areas	Planned Key Activities for the Current Year	Activity number	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct 2014 - Mar 2015	(Met, partially,	meeting milestone or othe key information)
	Support FMOH HRD strategy through strengthening supportive supervision (PEPFAR)	11.1.1			Joint supportive supervision schedule agreed; TOT on IRT conducted	conducted;	no milestone set for Jan-Mar	Met	

Sub-objective:	12. Technical supervision								
				Planned I	Milestones		Milestone status	met?	Remarks (reason for not
	Planned Key Activities for the Current	Activity	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep		(Met,	meeting milestone or other
Intervention areas	Year	number	2014	2015	2015	2015	Oct 2014 - Mar 2015	partially,	key information)
12.1. Technical	Technical supervision	12.1.1							
supervision									

# **Challenge TB Quarterly Report - Global Fund Engagement**

Country Ethiopia Reporting period: October 2014 - March 2015

Current Global Fund TE	3 Grants			
Name (i.e. NFM 1)	Average rating*	Current rating	Total approved amount	Total dispersed to date
ETH-607-GO6-T	B1	N/A	USD 150.2 m	USD 101.8m

<sup>\*</sup>Since January 2010

### In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

Liquidation (i.e. the financial reporting on how the disbursed funds were used) has been a major problem in all regions of the country, FMOH reviewed the status and has called for an emergency sensitization meeting with all regions to campaign to liquidate in their respective region soon as possible and before July 2015.

A contributing issue here is the different per diem rates between FMOH and partners leading to challenges in organizing trainings. It should be explored whether in Ethiopia like in several other countries one (government issued) per diem rates could be agreed upon and used by all.

Grant negotiation have been held in March and for the TB part they have been completed, for HIV there are some issues to be solved that will hopefully not delay grant signing.

### Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

Assessing opportunity through WHO (as its partner) to have input at the CCM; inclusion in the baseline assessment tools of inquiry into the status of GF supported activities in the two regions and bottlenecks related to GF supported activity implementation to plan possible interventions.

# Challenge TB Quarterly Report - MDR-TB Update

Country Ethiopia Reporting period October 2014 - March 2015

MDR TB cases diagnosed and put on treatment in country

Quarter	Number of MDR cases	Number of MDR cases	Comments:
	diagnosed	put on treatment	
Total 2010		114	There is a huge gap in obtaining reliable data, this has been discussed in March
Total 2011		116	2015 during the NTP mid-year review meeting. The main reasons suggested are
Total 2012	284	289	that HCWs at HFs as well as program staff at district and zonal levels have poor
Total 2013	558	433	knowledge on many of the TB indicators. Intensive trainings on M & E for health
Total 2014	577	598	staffs and improved supportive supervison were discussed as the way forward.
Jan-Mar 2015	715	450	Need for partner support on this issue was also emphasized. The NTP is trying
Apr-Jun 2015			to verify why only 450 paptients are reported to have been put on SLD while
Jul-Sep 2015			715 MDR cases were diagnosed. Data quality issues outlined above are
Oct-Dec 2015			underlying this, the Challenge TB team will try to obtain as reliable as possible
			data contributing to national and regional data quality.
Total 2015			

Count	ry	Ethiopia	F	Reporting period	October 2014	ober 2014 - March 2015								
	Partner	Activity Code	Name	Purpose	Planned month, year	Status (pending or completed)	Dates completed	Duration of the visit (# of days)	Debrief presentation received	Summary report received	Final report received	Additiona Remarks (Optional		
1														
2														
3														
4														
5														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20			ala di Carra da Lina Carri											
		visits conductivisits planne	cted (cumulative for fis	scar year)										

# Quarterly Photos (as well as tables, charts and other relevant materials)

INAUGURATION event 18th Feb 2015 (more photos available)
For press coverage: http://www.kncvtbc.org/inauguration-renovated-mdr-tb-facilities









TRAC meeting and WTB celebrations











